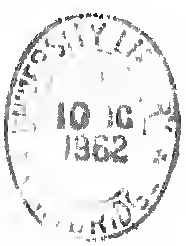
SCOTTISH HOME AND HEALTH DEPARTMENT

Scottish Health Services Council

Visiting Patients in Hospital

Report of a Committee



EDINBURGH
HER MAJESTY'S STATIONERY OFFICE
1962

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VISITING PATIENTS IN HOSPITAL

Introduction

We were appointed by the Scottish Health Services Council at their meeting on 22nd June, 1960, and were given the following terms of reference: "To consider arrangements for the visiting of patients in hospitals; and to make recommendations."

At our first meeting in September, 1960, we felt the need to have before us some information on the existing arrangements made by hospitals for the reception of patients' visitors. Accordingly, a questionnaire dealing with such matters as visiting hours, waiting space for visitors, peak load of visitors, parking space, and transport arrangements, was sent to each hospital in Scotland.

At our invitation the Scottish Regional Committee of the Institute of Almoners prepared a memorandum for us.

Each of our members visited at least two hospitals, mostly busy general hospitals, to obtain at first hand from patients, their visitors and the staff their reactions to, and any criticisms they might have of, visiting hours and any other points which talks with individuals might disclose.

We then felt that our tentative views on the desirable arrangements to be made for patients' visitors were becoming sufficiently crystallised to be embodied in a paper which was sent for their comments to the bodies listed in Appendix 1. Representatives of the Scottish Board of the Royal College of Nursing gave oral evidence in amplification of the views they expressed in writing; Professor G. M. Carstairs of the Department of Psychological Medicine, University of Edinburgh, gave oral evidence on visiting in mental hospitals; Dr R. Bailey, the Physician Superintendent of Gogarburn Hospital, Edinburgh, and Dr R. C. MacGillivray, the Group Physician Superintendent of Lennox Castle Hospital gave written evidence on visiting in mental deficiency hospitals; Professor Thomas Anderson of the Department of Infectious Diseases, University of Glasgow, and Dr W. Ferguson Anderson of Foresthall Hospital, Glasgow, gave written evidence on visiting in infectious diseases and long stay hospitals respectively. The Standing Advisory Committee on Health Services in the Highlands and Islands provided us with a memorandum on visiting in the Highlands and Islands.

We wish to express our thanks to all the individuals and bodies who have assisted us with written and oral evidence.

General Considerations

The question of the visiting of patients in hospital is one of complexity. The tangled web of human relationships has to be considered against the orderly clinical atmosphere of the hospital.

To arbitrate would be to ask for the wisdom of Solomon and the many facets shown up by the evidence clearly preclude the laying down of any universal rule.

Visiting in hospital is a time-honoured custom but, as is often the case, tradition has tended to prevent changes being made to move with the times.

Modern medicine and the publicity it receives with the attendant danger of over-simplification, together with the coming into force of the National Health Service Act, which seems to make hospitals public property, have stripped them of the awe in which previously they were held. Other factors, not least the motor car, have played their part in increasing the number of visitors and severely straining some hospitals designed to meet the needs of days gone by.

A much more enlightened attitude has become apparent in recent years towards extended visiting hours limited only by consideration of the patients' best interests, and what would have been thought to be intolerable intrusion in former times is generally welcomed to-day.

The Patient. While it is, of course, true to say that a patient should not be treated as a case of a particular disease or injury but as an individual temporarily separated from his domestic and social surroundings, the nature of his illness will greatly affect his need for, and enjoyment of, being visited.

The degree to which the hospital world closes in on him, bringing a sense of isolation from familiar things, and the part which in consequence the visitor may be called on to play, may perhaps most easily be considered if patients are divided into the following groups:

(1) The short-stay patient who does not really need a throng of visitors but needs merely to keep in touch with those close to him.
(2) The patient who as a result of his illness must make adjustments, either physical or mental, and who will need understanding and support.
(3) The long-stay patient whose time in hospital may become wearisome and who needs variety as well as a life-line to the world outside.
(4) The seriously ill whose close relatives and friends should come and go as freely as the patient's condition allows.
(5) The patients in special groups such as children, maternity, mentally ill, infectious diseases and so on.

Visiting hours are eagerly awaited but, whether the time in hospital is to be short or long, whether the illness brings pain or distress, there are many factors which may make the time allowed far too brief or far too long. To the patient there are those near and dear to him whose visits are anxiously looked for. There are the friends who bring the fresh air of the world outside and the warmth of human relations. Too often, however, they are accompanied by a casual acquaintance who fills the last seat in the car or by one of those people who cannot resist a visit to hospital. Where two visitors only are allowed at the bedside for limited times the result is often a relay race which disturbs the whole ward and which may well be beyond the powers of any nurse to control.

No rules could regulate to the best advantage those who should visit a patient or how many visitors there should be. Nevertheless some rules are necessary. Within that framework the number and duration of visits are best left to the tact and consideration of the visitors, subject to advice from the ward sister who in any event must, in the interests of the patient, have the final decision. When the patient is very ill the doctor or the sister will naturally give specific instructions.

Over-visiting can be more of a problem than under-visiting. Undoubtedly many patients would prefer fewer visitors. On the other hand, there are the lonely people who can be visited by arrangement with a hospital auxiliary committee, the Friends of the Hospital or other voluntary body.

Visitors too have their needs and problems. They need somewhere to wait under cover, a cup of tea or sometimes a light meal, and lavatory accommodation. Relatives may be worried about the condition of a patient and it should be made clear how an appointment with the doctor can be arranged. For those who must stay at hand accommodation should be available and there should be a room in which the bereaved may talk in privacy.

Special care is needed in the reception of relatives who are sent for as the result of accident or emergency and who may arrive at hospital emotionally disturbed not knowing what they may find.

The Nursing Staff. Visiting hours are certainly regarded as an "institution" by the nursing staff. They are welcomed for the benefit they bring to patients despite the problems created by interruption to ward routine. They are deplored when they have been too much for a particular patient who is over-tired and for the litter and trampled cigarette ends that cause damage and make work for the cleaning staff.

The first duty of a sister is to her patient. If more of her time than is really necessary is spent on the control of visitors the proper relationship between patient, visitor and nursing staff may suffer. In our view, therefore, it is important that sisters should not be expected to enforce unrealistic rules which are difficult to apply and which are open to different interpretations.

PART 1

Visiting Hours

1. *Necessity for Periodic Review*

In the course of our examination of existing practice and on our visits to hospitals we have observed that the visiting hours of a number of hospitals have been changed recently in order to bring them into line with present day concepts. On the other hand it seems that in other hospitals the traditional visiting hours have been continued without alteration for many years. In some instances no comprehensive consideration had been given to the question of whether these hours were now appropriate. For example, in one large hospital visited we were told that the complication of alterations and the differing views of the medical, nursing and administrative staff were such that no systematic review had been undertaken recently and consequently the visiting hours had not been changed for a long time. We consider that this is a situation that should not be allowed to continue.

2. *Reasons for Flexibility*

No two hospitals are exactly alike. Different circumstances prevail not only in every hospital but indeed in every ward: some hospitals have comparatively modern buildings, while others date from the last century; the size of the wards, whether they are of the open variety or with cubicles; the geographical situation of the hospital—in the centre or outskirts of a big town, in a small town, in the open country; the adequacy of the staff; the distance visitors have to travel; all these have a bearing on visiting arrangements.

For these reasons we feel strongly that it would be quite inappropriate to attempt to lay down a general pattern of hospital visiting hours for application over the whole country; it would not, in our view, even be feasible to set a visiting pattern for similar types of hospital.

Further there is evidence that it is not essential that all wards in the same hospital should have the same visiting hours. Indeed it has been shown that some staggering of hours tends to reduce the numbers of visitors and noise in corridors. The duration of the hours fixed may vary according to the nature of each ward. The hours should not overlap with meal times.

3. *Open Visiting*

We spent a considerable amount of time discussing and hearing evidence on the subject of "open visiting". By this is meant that the hospital is open for long periods throughout the day and evening to any visitor. We are aware of instances even in active surgical wards where open visiting is undoubtedly proving successful, but we are also aware of other instances where it has proved unsuccessful and has been disliked by patients, visitors and staff.

In the most modern hospitals where patients have sufficient privacy and there are suitable reception facilities for visitors open visiting may be both practicable and desirable. Even then the duration of visits and the number of visitors may have to be limited, as patients do not like to ask visitors to leave when they begin to feel tired.

In the older hospital, and particularly where there are large open wards, continuous visiting may cause embarrassment to patients, for example, at meal-times or when they require a bed pan, or wish to go to the lavatory while visitors are in the ward. Patients have complained that they remain in a constant state of anticipation not knowing who, if anyone, will visit them or others in neighbouring beds. They feel they can never relax. Further the constant presence of visitors may complicate or interfere with the work of the medical and nursing staff.

It is perhaps unnecessary to elaborate the pros and cons of open visiting further. We feel that it may be an ideal to be aimed at in suitable circumstances. Experiments in open visiting are being made in certain busy hospitals at the moment. Their results should be carefully watched and other experiments encouraged. Nevertheless, it can only be the circumstances of each hospital—and indeed of each ward within that hospital—which will determine whether open visiting, however desirable as a general principle, is practicable and in the interests of the majority of patients.

4. *Recommendations as to Visiting Hours*

(a) *Review.* Our first and foremost recommendation is that every Board of Management should formally review the visiting hours in each hospital in their group at an early date, if this has not recently been done, and that there should be periodic reviews at regular intervals of not more than three years and at other times when appropriate. When making such reviews, the Boards of Management will no doubt receive reports from the appropriate medical, nursing and other staff and committees, including associated voluntary committees, which will enable them to have before them a balanced statement of all the factors involved, together with recommendations.

Thought should be given to having different visiting hours in different wards

of the same hospital, regard being had to the varying requirements of wards and to easing congestion within and without the hospital.

(b) *General Hospitals.* Our conclusions for these hospitals are:

(i) There should be a minimum of one visiting period in every ward each day.

(ii) Two shorter periods per day are preferable to one longer period.

(iii) Where there is only one visiting period during the day this should be in the evening.

(iv) There should be a rest period free from all visitors for at least one hour after the mid-day meal.

(v) In hospitals not in densely populated areas a form of open visiting, say, from 2.30 p.m. to 7.30 p.m. should be considered.

(vi) In all wards, where the accommodation is such as to give sufficient privacy, no matter whether the hospital is in a densely populated area or not, consideration should be given to open visiting.

(c) *Maternity Hospitals.* Two visiting periods each day, one in the afternoon and the other in the evening, would seem appropriate, the evening visiting period normally being reserved for the husband only.

(d) *Infectious Diseases Hospitals.* Visiting must, of course, be governed by the nature of the disease from which the patient is suffering. Subject to this, visiting should be permitted as often as possible.

(e) *Sick Children's Hospitals and Children's Wards in General Hospitals.* Open visiting by the parents from, say, 10 a.m. to 7 p.m. is proving very successful where it has been introduced, with the parents helping, for example, by feeding the child or by settling him for the night. To induce a feeling of security and contentment in the child it is desirable to emphasise the importance of regular visiting by the parents and to this end we think visiting by others might well be limited to two days a week. By open visiting we do not mean that parents should remain in the ward all the time. Short frequent visits, perhaps two or even three times a day, the mother during the day and the father in the evening, are preferable where this can be fitted into the family routine, so that the child feels his parents are always near at hand.

Daily visiting by parents resident at a distance will not, of course, be possible and in these circumstances we have no doubt that arrangements will be made by the hospital for a suitable voluntary worker to visit the child regularly during his stay, the same person to visit each time so that the child comes to know her and look upon her as a friend to be confined in.

The question of open or unrestricted visiting in a children's hospital was dealt with at length in a report of a committee of the Central Health Services Council published in 1959 and entitled "The Welfare of Children in Hospital". Having considered various arguments in favour of and against unrestricted visiting this Committee attached particular importance to the arguments that children are much happier when there is unrestricted visiting; that the normal life of the hospital can continue even though the wards are open to parents; and that the nurses can be helped rather than hindered by having mothers present to look after the child in many small ways. The Committee advocated wholeheartedly unrestricted visiting by the parents in children's hospitals.

(f) *Mental Hospitals.* Open visiting should be allowed so far as practicable so long as it does not interfere with the treatment and welfare of the patient nor

with essential hospital procedure. In practice a great many of the visitors will quickly find out what are the most convenient times for visits and the neccssity of restrictions is correspondingly reduced. At hospitals in the more populous areas a pattern which might be adopted is to allow visiting at certain times every day but only on certain days without prior notice. For other days and other times visitors might be asked to come by arrangement with the hospital staff or the patient. There must, of course, be a recognised right by the responsible medical officer to regulate visiting in the interests of the individual patient and there may be restrictions in the case of patients who are security risks.

(g) *Mental Deficiency Hospitals.* Prolonged and persistent training is essential for all grades of the mentally deficient; adult defectives are generally employed during the day in some form of occupational training, while the majority of children attend the hospital school. It is vital that these routines be interrupted as seldom as possible. Accordingly we recommend that visiting should not normally be more frequent than three days per week, being perhaps on the local half holiday and Saturdays and Sundays.

It must be recognised that many high grade mentally defective patients have been admitted to a mental deficiency hospital because they have been in conflict with the law. For this and other reasons careful supervision of visitors is necessary.

(h) *Long Stay Hospitals.* It is important that there should be flexibility in the arrangements for admitting visitors, and the actual visiting hours, whether fixed or open, will depend largely on local circumstances. Care must be taken to guard against visitors staying too long or too late at night. Many of the patients have few visitors and here the voluntary worker has an important part to play in keeping these people in touch with the outside world.

PART II

Other Matters Relating to Visitors

5. *Number of Visitors*

In general we consider, from the viewpoint of the patients being visited and of the other patients in the ward, that there should normally be a limit of two visitors per patient at a time. In long-stay hospitals, convalescent wards, etc., where there is not usually the same pressure of visitors and where patients are able to receive visitors with less strain, such limitation may not be so necessary.

With the aim of limiting the number of visitors to two per patient many hospitals issue cards to relatives. The usual procedure is for these cards to be checked at the entrance gate or at ward level. As a means of controlling the number of visitors the cards have proved more or less useless in practice. As we do not consider that they are now serving their primary function of limiting numbers, we feel that their issue could well be discontinued. The information they sometimes contain could be conveyed in the information booklet or leaflet referred to in paragraph 11.

6. *Discretion of Ward Sister*

We would, of course, emphasise that whatever rules are made about visiting the ward sister must be allowed to exercise her discretion. On the one hand, she

must have authority to admit visitors at non-visiting times in exceptional circumstances, such as in cases of serious illness and visitors coming from long distances. On the other hand, she must be able to refuse visitors admission and to curtail visits when, in her opinion, it is desirable from the point of view of the patient.

7. *Children*

Many hospital rules provide that children under 14 may not be admitted. With this we do not agree.

While we have every sympathy with the natural anxiety of parents for their children we recognise that there are other considerations to be borne in mind. The quiet well-behaved child is no problem, but all children are not so and some become troublesome to other patients.

We are of opinion that on at least two of the afternoon visiting periods children under 12 should be admitted and that there should be no resticition on children over 12. Exception must, however, be made in certain special wards when the consultant-in-charge considers on clinical grounds that general visiting by children is undesirable.

We understand from the Scottish Branch of the British Red Cross Society and the Scottish Headquarters of the Women's Voluntary Service for Civil Defence that, given the accommodation, they would be willing to organise a suitable creche for children who cannot be left at home or admitted to the ward.

In some cases perambulator bays under suitable supervision might usefully be provided.

8. *Access of Visitors to Medical Staff*

In the course of our visits we became aware of complaints of the difficulties which parents or the nearest relatives seem to have in discussing a patient's case with a doctor. We believe that some relatives hesitate to ask to see a doctor. This should not be the case. In order to maintain fully the confidence of relatives and patients there should be easy access by nearest relatives to medical staff. We recommend that steps be taken through the information booklet, by notice or otherwise to ensure that parents or the nearest relatives are aware of how they may arrange to see a doctor and where appropriate to make an appointment with the consultant in charge. As a corollary we recommend that the consultant in charge verify that medical members of his staff are so far as possible available for consultation in accordance with the arrangements notified to the patients and visitors.

9. *Gifts by Visitors*

While many visitors bring gifts of flowers and reading matter, which are almost always acceptable to the patients, we have been concerned about the amount of food, which often appears excessive and sometimes ill-chosen, which is brought into hospital as presents.

The restriction and control of diet may play a very important role in the treatment of a patient in hospital, especially those in medical wards. Sometimes a balanced and strictly controlled diet may be a most important part of the patient's treatment in hospital, even more important than drugs. It is essential, therefore, that the visitors do not bring in gifts of food that might be contrary to such treatment and harmful to the patient and which, all too often, result in wasteful expenditure. In most cases fruit and, in some circumstances, other food-

stuffs, may be permitted, but it is essential that before anything, even fruit, is brought in for the patient the sister of the ward should first be consulted.

We feel strongly that the bringing of food is too often inspired by custom and a desire to ensure that a patient has as much as his neighbour rather than by a real appreciation of what the patient needs or wishes. We submit that this custom, added to the expense of travelling to and from the hospital, often gives rise to considerable financial hardship to the donor which is not really justified.

While we are convinced it would not be desirable or indeed possible entirely to discourage the bringing of gifts of food, we recommend that all visitors be informed through the information booklet, by notice or word of mouth in some such terms as follows:

> "A patient's diet is a balanced one; please do not upset it by bringing gifts of unsuitable food. Sister can advise you about suitable gifts in each case. Flowers or reading matter are usually welcome."

10. *Canteens*

We are convinced that the provision of canteens in hospitals is of considerable importance to the up-patient and visitor alike. This is especially so in mental hospitals where the simple act of entertaining his visitor over a cup of tea or coffee can be of value in hastening the patient's return to normal life in the community.

In general hospitals we would be glad to see many more canteens, although in the large general teaching hospitals in the cities the scale of canteen provision might well take into account the availability of cafes in the vicinity of the hospital which also cater for the hospital visitors. In many small county towns the need for canteen facilities, particularly on a Sunday, may in fact be greater than in the large cities and there is obviously a need for a canteen in a hospital situated in an isolated locality, so that the visitor from a distance can have a cup of tea and a sandwich. It is understood that the British Red Cross Society and the Women's Voluntary Service for Civil Defence would usually be prepared to staff and run canteens in hospitals.

11. *Information Booklet and Leaflets for Visitors*

Many hospitals already issue information booklets to patients, not only as a method of advising patients what to bring with them, but also as a useful means of combating the not unnatural reluctance and fear which the average person has to entering hospital as a patient.

We have seen some that are excellent in every way. A few, on the other hand clearly had not been revised recently and appeared too dictatorial and inconsistent with present day outlook. We recommend that every Board of Management should review the booklets issued to patients.

Normally the booklets are sent to patients on the waiting list or placed on the bedside locker of the emergency admission. Their issue is all the more essential if, as we have suggested, visiting cards are dispensed with. It may also be helpful to have a separate leaflet or card to hand to visitors indicating the appropriate sections of the booklet which are applicable to them.

Strictly speaking the contents of an information booklet are beyond the terms of our remit. We thought, however, that it might be convenient to give in Appendix 2 a list of headings which we have selected from examples we have seen as suitable subjects for inclusion in such a booklet.

PART III

Propaganda to Visitors

12. We have formed the strong impression that every available opportunity should be taken to impress on the public the good and the harm that visitors can do. The assistance of television, radio, the Press and other media might perhaps be sought in this connection.

Some points which might be emphasised are:

(a) Patients tire easily and they will enjoy visits more if they are short and within their capacity. For that reason normally only two visitors are admitted at any one time.

(b) It is often exhausting to patients to see all the people who may wish to see them and, in these circumstances, it is often more kindly to express sympathy and good wishes by card or letter than by coming in person to the hospital.

(c) There are times when other visitors should give way to the husband or wife or other close relative.

(d) Patients in hospital are particularly susceptible to infection; its consequences in those who are unwell may be much more serious than in healthy people. Intending visitors have therefore a great responsibility and should never expose patients in hospital to the risk of infections by visiting them when they (the visitors) have any transmissible infections such as colds, sore throats, coughs, boils or other septic sores of the skin or nostrils, or diarrhoea. Visitors do not always appreciate the importance of this vital safeguard, hence the necessity of emphasising it in all the booklets and leaflets which are issued to patients and visitors.

(e) A balanced and strictly controlled diet may be a most important part of the patient's treatment in hospital, even more important than drugs. It is essential that visitors do not bring in gifts of food that might be contrary to such treatment and harmful to the patient.

(f) Consideration for the staff and other patients, avoidance of unnecessary noise and the necessity for tidiness should also be stressed.

PART IV

New Hospital Buildings and Accommodation for Visitors

13. *Waiting Space*

In new hospitals being planned for erection we recommend that opportunity be taken to provide waiting space for visitors. This could best be achieved, we suggest, by having a separate visitors entrance opening into a waiting hall. In close proximity there should be (a) cloakroom with lavatory facilities; (b) telephone kiosks for the use of visitors and patients; (c) a cafeteria; and, where there is likely to be sufficient demand, (d) a shop for the sale of flowers, papers, etc.

To avoid congestion in the waiting hall visitors might be allowed to go to the proximity of the ward units, say, a quarter of an hour before the start of the visiting period. For the early arrivals at the ward unit and for other visitors who have business there and have to wait for attention, we would recommend that there be provided, in close proximity to the lift shaft but not immediately adjacent to the ward, a waiting bay to serve each ward unit of approximately 60 beds. Too close proximity to the wards must be avoided because of noise. The minimum area we would propose for this purpose should be of the order of 200 sq. ft., i.e., space for about 25 people with adequate lavatory accommodation nearby. The presence of a receptionist in this area would do much to ensure the smooth passage of visitors and it may be that if, say, a clerkess is not available, trained voluntary workers would be willing to undertake this task. In the case of multi- storey buildings there should be adequate lifts for the visitors.

In recommending these facilities we are by no means suggesting that the busy general hospital in the large cities should provide waiting space under cover for all visitors; the aim should be to provide only sufficient for those visitors who by reason of the distance they have to travel, hours of employment, etc., cannot plan to arrive at the hospital at the appointed hour for visitors. In general hospitals in less populous areas, particularly where the open visiting system is to be operated, the need for waiting space for patients' visitors will be less.

In maternity hospitals, infectious diseases hospitals, mental hospitals and mental deficiency hospitals the facilities required are less. In the case of mental and mental deficiency hospitals patients meet visitors in dayrooms and canteens and it is important that there is ample provision of these.

14. *Accommodation for Relatives of Very Ill Patients*

At the present time overnight accommodation is sometimes found for relatives of very ill patients either in a ward side room or in the nurses home, and we are aware that the British Red Cross Society are already doing what they can to assist hospitals in this direction by maintaining hostels, i.e., in Glasgow, Aberdeen and Inverness, where relatives coming from a distance may stay overnight. In new building we would recommend that special provision should be set aside for the relatives of the very ill. We would suggest that the provision take the form of a bedroom, sitting room with facilities for meals and lavatory accommodation nearby and the scale of the provision, we feel, should be one such unit for every 150/200 beds where there is an established need or likely to be so. The sitting room would also be available for use by relatives of the very ill not requiring overnight accommodation and for private talks with relatives, particularly of those who have died.

15. *Car Parking*

We were invited to make comments on requirements for car parking in future building. Such space is used, of course, by medical and other staff and for service vehicles as well as by visitors. We invited hospitals to indicate the numbers of cars parked at their busiest times. The figures supplied were not entirely consistent, as was to be expected through varying local conditions. Nevertheless, examination of individual figures did show that the following averages of present peak requirements seemed at least to form a rough guide:

	Ratio of beds per car
General, Maternity and Children's Hospitals	
Urban (towns of over 50,000 population)	5.1
Rural	3.0
Infectious Diseases and Long Stay Hospitals	
Urban	8.1
Rural	6.3
Mental Hospitals	
Urban	21.0
Rural	22.1

These figures relate to the number of cars parked in the neighbourhood of the hospital, not necessarily within the grounds. So long as some cars can be left within reasonable distance of the hospital in other authorised accommodation it does not seem to us essential that all the cars at the peak period should necessarily be parked within the grounds.

Allowances must be made for the anticipated increase in the number of cars used. The car/person ratio in 1959 was 1:10 and it is estimated that by 1974 this may have reached 1:3. In considering the requirements for any particular hospital, allowance must naturally be made for special local factors such as public transport.

PART V

Summary of Recommendations

1. Boards of Management should review their visiting arrangements periodically (paragraph 4(a)).
2. Consideration should be given to having different visiting hours in different wards of the same hospital, regard being had to the varying requirements of wards and to easing congestion within and without the hospital (paragraph 4(a)).
3. Hospitals should experiment with open visiting, perhaps in selected wards only in the first instance (paragraph 3).
4. We make the following recommendations in regard to general hospitals:
   (i) There should be a minimum of one visiting period in every ward each day.
   (ii) Two shorter periods per day are preferable to one longer period.
   (iii) Where there is only one visiting period during the day this should usually be in the evening.
   (iv) There should be a rest period free from all visitors for at least one hour after the mid-day meal.
   (v) In hospitals not in densely populated areas a form of open visiting, say, from 2.30 p.m. to 7.30 p.m. should be considered.
   (vi) In all wards where the accommodation is such as to give sufficient privacy, no matter whether the hospital is in a densely populated area or not, consideration should be given to open visiting (paragraph 4(b)).

5. Recommendations in regard to hospitals other than general hospitals are contained in paragraph 4(c) to (h).
6. Patients should not normally have more than two visitors at any one time. (paragraph 5).
7. The ward sister must have discretion to admit or not to admit visitors in individual cases (paragraph 6).
8. Children under 12 should be admitted to wards on at least two of the afternoon visiting periods each week except where the consultant-in-charge considers that such general visiting by children is undesirable on clinical grounds (paragraph 7).
9. Parents or the nearest relatives should be informed by means of the information booklet, by notice or otherwise how they may arrange to see a doctor and, where appropriate, to make an appointment with the consultant-in-charge (paragraph 8).
10. Visitors should be warned not to bring in gifts of unsuitable food to patients, particularly to those who are on a diet, or excessive quantities of food (paragraph 9).
11. The provision of canteens for visitors should be encouraged, particularly in hospitals in small towns and rural areas and in mental hospitals (paragraph 10).
12. All hospitals should consider the issue of a booklet for the information of patients and visitors: suggested headings for such a booklet are given in Appendix II (paragraph 11).
13. There should be propaganda through television, radio, the Press and other media on the points noted in paragraph 12.
14. In new hospital building an adequate amount of waiting space for visitors should be provided at the main entrance and at ward level. More detailed comments are made in paragraph 13.
15. The provision of rooms on the scale of one unit for every 150/200 beds for the accommodation of relatives of very ill patients is recommended (paragraph 14).
16. Provision should be made for car parking and an indication is given of average requirements (paragraph 15).

The Committee wish to record their appreciation of the assistance they have received from Miss J. M. G. Robertson as Secretary and particularly of her patience in following their discussions which inevitably became discursive at times.

JOHN DUNLOP,

Chairman.

April, 1962.

APPENDIX I

Association of Psychiatric Social Workers (Scottish Branch)

Association of Scottish Hospital Matrons

British Medical Association (Scottish Office)

British Red Cross Society (Scottish Branch)

Eastern Regional Hospital Board

Institute of Almoners (Scottish Regional Committee)

Institute of Hospital Administrators (Scottish Division)

North-Eastern Regional Hospital Board

Northern Regional Hospital Board

Royal College of Nursing (Scottish Board)

Royal College of Physicians, Edinburgh

Royal College of Surgeons, Edinburgh

Royal Faculty of Physicians and Surgeons, Glasgow

Royal Medico-Psychological Association (Scottish Division)

Scottish Association of Medical Administrators

South-Eastern Regional Hospital Board

Standing Advisory Committee on Health Services in the Highlands and Islands

Western Regional Hospital Board

Women's Voluntary Service for Civil Defence (Scottish Headquarters)

APPENDIX II

Specimen Headings for Information Booklet

PATIENTS

Words of welcome coupled with hope that the patient will benefit from his stay.

Transport to and from hospitals: Numbers of bus services passing hospital
How to obtain assistance towards cost of travelling expenses.

What to bring to hospital: Toilet requisites, etc.
National Insurance Number or Pension Order Book Number.

Nursing staff: Distinguishing uniforms.

Personal belongings: Safe custody of money and valuables.

Meal times.

Smoking.

Visits by clergymen.

Religious services.

Wireless and television.

Library facilities.

Newspapers and periodicals.

Shop, Trolley shop.

Hospital barber.

Personal difficulties: Services of Almoner.

Wards: Number of ward to be placed on letters addressed to patients.

Postal arrangements.

Telephone enquiries: Convenient times and who to ask for.

Procedure for complaints.

Treatment after discharge: Notification to own doctor.

VISITORS

Visiting hours and numbers of visitors permitted.

Child Visitors: Hours of admission
Availability of creche.

Procedure for arranging appointments by relatives with medical staff.

Gifts to patients: To include such words as:

"A patient's diet is a balanced one; please do not upset it by bringing gifts of unsuitable food. Sister can advise you about suitable gifts in each case. Flowers and reading matter are usually welcome."

Infection: To include such words as:

"Visitors should not expose patients to the risk of infection when they are suffering from colds, sore throat, coughs, boils or other septic sores of the skin or nostrils, or diarrhoea."

Canteen: Use by visitors.

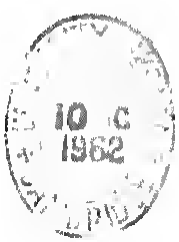
Assistance towards visitors' travelling expenses:

Cheap rail fares where applicable.
Endowment Funds.
National Assistance.

General Advice:

A patient is in hospital because he is sick and he must not be over-tired. Too many visitors and excessive talking are exhausting to a sick person.

NOTE: Adjustments will be required in the case of Mental and Mental Deficiency Hospitals.



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